

APPLICATION DATA SHEET

Application Information

Application Type::	Nonprovisional
Subject Matter::	Utility
Title::	AROMATIC LIVER X-RECEPTOR MODULATORS
Attorney Docket Number::	PHA 4007.1 (01488/1 US)
Small Entity?::	No
Petition Included?::	No
Licensed US Govt. Agency::	No
Secrecy Order in Parent?::	Yes

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Nizal
Middle Name::	S.
Family Name::	Chandrakumar
City of Residence::	Vernon Hills
State or Province of Residence::	IL
Country of Residence::	US
Street of Mailing Address::	4901 Searle Parkway
City of Mailing Address::	Skokie
State or Province of Mailing Address::	IL
Postal Code of Mailing Address::	60077

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christopher
Middle Name::	R.

Family Name:: Dalton
City of Residence:: Mundelein
State or Province of Residence:: IL
Country of Residence:: US
Street of Mailing Address:: 4901 Searle Parkway
City of Mailing Address:: Skokie
State or Province of Mailing
Address:: IL
Postal Code of Mailing Address:: 60077

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: W.
Family Name:: Malecha
City of Residence:: Libertyville
State or Province of Residence:: IL
Country of Residence:: US
Street of Mailing Address:: 4901 Searle Parkway
City of Mailing Address:: Skokie
State or Province of Mailing
Address:: IL
Postal Code of Mailing Address:: 60077

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: B.
Family Name:: Tollefson
City of Residence:: Hainesville
State or Province of Residence:: IL
Country of Residence:: US
Street of Mailing Address:: 4901 Searle Parkway

City of Mailing Address:: Skokie
State or Province of Mailing
Address:: IL
Postal Code of Mailing Address:: 60077

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jennifer Ann

Middle Name::
Family Name:: Van Camp
City of Residence:: Glencoe
State or Province of Residence:: IL
Country of Residence:: US
Street of Mailing Address:: 4901 Searle Parkway
City of Mailing Address:: Skokie
State or Province of Mailing
Address:: IL
Postal Code of Mailing Address:: 60077

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.K.
Status:: Full Capacity
Given Name:: Phillip
Middle Name:: B.
Family Name:: Cox
City of Residence:: Grayslake
State or Province of Residence:: IL
Country of Residence:: US
Street of Mailing Address:: 4901 Searle Parkway
City of Mailing Address:: Skokie
State or Province of Mailing
Address:: IL
Postal Code of Mailing Address:: 60077

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non- Provisional claiming priority from	60/411,362	09/17/02
This application	Non- Provisional claiming priority from	60/436,240	12/23/02

Assignee Information

Assignee Name:: Pharmacia Corporation